

DIVERSIFIED WELLNESS REIMBURSEMENT

Maximum amount \$150.00

CHECK REQUEST FORM

From: _____

Date: _____

Amount: _____

Payable To: _____

Address: _____

Attach your paid receipt. You will be reimburse thru payroll.

Per IRS Fringe Benefits Regulations, the \$150.00 reimbursement is considered taxable income and will be reported on your W2

APPROVED BY: _____

Accounting code: 21090 wellness Dept code No Department

Must be submitted by December 1st, 2025